

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget. DocketLibrary, Room 10102, 725 17th Street NW Washington, DC 20503.

<p>1. Agency/Subagency originating request</p> <p>EPA/Office of Air and Radiation/Office of Air Quality Planning and Standards</p>	<p>2. OMB control number b. <input checked="" type="checkbox"/> None</p> <p>a. _____ -- _____ 2060 Comment # 2060-0455</p>
<p>3. Type of information collection (check one)</p> <p>a. <input checked="" type="checkbox"/> New collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input checked="" type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input checked="" type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input checked="" type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b--f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input checked="" type="checkbox"/> Emergency - Approval requested by: ____/____/____</p> <p>c. <input checked="" type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input checked="" type="checkbox"/> Other Specify: ____/____</p>
<p>7. Title "Reporting and Recordkeeping Requirements for National Emission Standards for Hazardous Air Pollutants for Boat Manufacturing (40 CFR Part 63, subpart VVVV)".</p>	
<p>8. Agency form number(s) (if applicable) 1966.02</p>	
<p>9. Keywords Information collection, Boat manufacturing</p>	
<p>10. Abstract. Each respondent would be required to submit an initial notification that the source is subject to standard. Each respondent would submit annual compliance reports and semiannual compliance reports. Addit: and reports would depend on how the owner or operator chooses to comply with the standards. Respondents who to comply by limiting the HAP content of their fiberglass or aluminum boat manufacturing processes and operations would monitor and record (in a spreadsheet) the monthly consumption of material and show the weighted-average HAP content over the past 3 months. Respondents who choose to use an enclosure and add-on control device would submit a control device performance test report, including operating ranges for parameters; and annual start-up, shutdown, and malfunction reports.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X")</p> <p>a. ___ Individuals or households d. ___ Farms</p> <p>b. <u>P</u> Business or other for-profit e. <u>X</u> Federal Government</p> <p>c. ___ Not-for-profit institutions f. <u>X</u> State, Local, or Tribal Governments</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Voluntary</p> <p>b. <input checked="" type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <u>P</u> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>45</u></p> <p>b. Total annual responses <u>45</u></p> <p>1. Percentage of these responses collected electronically <u>0%</u></p> <p>c. Total annual hours requested <u>10,343</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference <u>10,343</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>10,343</u></p> <p>2. Adjustment <u>0</u></p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <p>a. Total annualized capital/start-up costs <u>0</u></p> <p>b. Total annual costs (O&M) <u>0.9</u></p> <p>c. Total annualized cost requested <u>0.9</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference <u>0.9</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>0.9</u></p> <p>2. Adjustment <u>0</u></p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")</p> <p>a. ___ Application for benefits e. ___ Program planning or management</p> <p>b. ___ Program evaluation f. ___ Research</p> <p>c. ___ General purpose statistics g. <u>P</u> Regulatory or compliance</p> <p>d. ___ Audit</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) <u>one time</u></p>
<p>17. Statistical methods Does this information collection employ statistical methods?</p> <p>No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/></p>	<p>18. Agency contact (person who can best answer question regarding the content of this submission)</p> <p>Name: Mark Morris, U.S. EPA, MD-13</p> <p>Phone: (919) 541-5416</p>

19. Certification for paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Office Official	Date
Signature of Senior Official or designee Director, Collection Strategies Division	Date